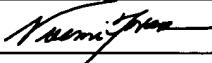




NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 116650.05						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Box AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 23, 2005</p> <p>Signature </p> <p>Noemi Tovar Typed or printed name</p>		<p>In re Application of: Forin, et al.</p> <table border="1"> <tr> <td>Application Number 09/282,229</td> <td>Filed March 31, 1999</td> </tr> <tr> <td colspan="2">HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION</td> </tr> <tr> <td>Art Unit 2194</td> <td>Examiner A. Ho</td> </tr> </table>	Application Number 09/282,229	Filed March 31, 1999	HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION		Art Unit 2194	Examiner A. Ho
Application Number 09/282,229	Filed March 31, 1999							
HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION								
Art Unit 2194	Examiner A. Ho							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.00</p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee \$ _____     </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed.     </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.     </p> <p> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.     </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0463 I have enclosed a duplicate copy of this sheet.     </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.     </p>								
<p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <table border="1"> <tr> <td> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)         </td> <td>             Signature            David S. Lee            Typed or printed name         </td> </tr> <tr> <td> <input checked="" type="checkbox"/> attorney or agent of record. Registration number 38,222         </td> <td>           (425) 703-8092            Telephone number         </td> </tr> <tr> <td> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.         </td> <td>           November 23, 2005            Date         </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	 Signature David S. Lee Typed or printed name	<input checked="" type="checkbox"/> attorney or agent of record. Registration number 38,222	(425) 703-8092 Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	November 23, 2005 Date
<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	 Signature David S. Lee Typed or printed name							
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 38,222	(425) 703-8092 Telephone number							
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	November 23, 2005 Date							
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

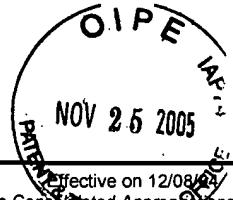


APR  
JFW

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/282,229
		Filing Date	March 31, 1999
		First Named Inventor	Forin, et al
		Group Art Unit	2194
		Examiner Name	A. Ho
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	116650.05

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; \$500.00 total fee) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application)
	<input type="checkbox"/> Drawing(s) ( sheets)
	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)
	<input type="checkbox"/> Licensing-related Papers
	<input type="checkbox"/> Petition
	<input type="checkbox"/> Petition to Convert to a Provisional Application
	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement
	<input type="checkbox"/> Terminal Disclaimer
	<input type="checkbox"/> Request for Refund
	<input type="checkbox"/> CD, Number of CD(s) _____
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being:  <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____. <b>November 23 2005</b> Date  Signature <b>Noemi Tovar</b> Printed Name	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT					
Signature			Reg. No.	38,222	
Name of Attorney or Agent		David Lee			
Date	November 23 2005	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **500.00**)

<i>Complete if Known</i>	
Application Number	<b>09/282,229</b>
Filing Date	<b>March 31, 1999</b>
First Named Inventor	<b>Forin, et al</b>
Examiner Name	<b>A. Ho</b>
Art Unit	<b>2194</b>
Attorney Docket No.	<b>116650.05</b>
Express Mail Label No.	<b>N/A</b>

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: **50-0463**   Deposit Account Name: **MICROSOFT CORPORATION**

**For the above-identified deposit account, the Director is hereby authorized to:** (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17       Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## **FEE CALCULATION**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## **2. EXCESS CLAIM FEES**

### **Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  
 Multiple dependent claims 360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
- 52 or HP =	0	x 50	= 0	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20					
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 6 or HP =	0	x 200	= 0		

**HP = highest number of independent claims paid for, if greater than 3**

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)

-100 =      / 50 =      (round up to a whole) number x      =

**4. OTHER FEE(S)**

**Non-English Specification:** \$130 fee (no small entity discount)

**Other: Notice of Appeal Fee**

\$500.00

**SUBMITTED BY**

Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent)	38,222	Telephone (425) 703-8092
Name (Print/Type)	David S. Lee	Date November 23, 2005		